

# IMMUNIZATION Update

December 2005

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## Dr. Cary Bjork: Serving as a sentinel physician since 1997

*Seventy-five practices across Michigan participate in the Centers for Disease Control and Prevention (CDC) U.S. Influenza Sentinel Provider Surveillance Network. As an important source of virologic and disease surveillance data, these providers help to answer the questions of where, when, and what influenza viruses are circulating. This information is an important part of pandemic influenza preparedness. The Michigan Department of Community Health's Division of Immunization invited one of the Michigan sentinels, Cary M. Bjork, M.D., to share information about his practice and his experience with Influenza Sentinel Surveillance.*

Written by Cary M. Bjork, M.D.

K. Charles Wright, M.D., was the first internal medicine specialist in the Upper Peninsula and founder of Marquette Internal Medicine Associates. Currently, it consists of six general internists, one internal medicine/pediatric specialist, and one physician assistant. Eight nurses and thirty other staff members including administrators, business office personnel, medical records personnel, transcriptionists, bone density technologists, a medical technologist, two medical laboratory technicians and other support staff work with us. Marquette Internal Medicine

*Continued on page 2*



Cary Bjork, MD, Lois Maki, LPN, and Melissa Broeders, PA-C review a patient's chart

## Have you switched to the email version of newsletter yet?

It costs less to send this newsletter to you through email instead of through the U.S. Mail. For this reason, we are asking our readers to make the switch to the email version of the newsletter. You will benefit because you will receive your newsletter more promptly than those who receive the newsletter through conventional mail.

To be added to the immunization mailing list, send an e-mail to [franklinr@michigan.gov](mailto:franklinr@michigan.gov). Enter the word "Subscribe" in the subject field. You will be added to the list.

We will continue to mail hard copies of the newsletter to our subscribers who do not have email access at work.

To view past issues of the newsletters, go to [www.michigan.gov/immunize](http://www.michigan.gov/immunize).

For more information, you may contact Rosemary Franklin at [franklinr@michigan.gov](mailto:franklinr@michigan.gov) or 517-335-9485.

If you are *already* getting the newsletter via email, it is NOT necessary to sign up again!

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Michigan Department  
of Community Health



Jennifer M. Granholm, Governor  
Janet Olszewski, Director

MDCH is an Equal Opportunity Employer,  
Services and Programs provider. 12,000  
copies were printed at .25 cents each with a  
total cost of \$2,994.78

# Influenza sentinel physician serves community

*Continued from page 1*

Associates serves patients from the Upper Peninsula and some out of state patients. I joined this practice in August 1977 and became an Influenza Sentinel Physician in 1997.

As an Influenza Sentinel Physician, I report influenza-like illnesses to the Michigan Department of Community Health (MDCH) and the Centers for Disease Control and Prevention (CDC) on a weekly basis. My office nurse keeps track of the number of patient visits each week; I record the number of influenza-like illnesses that I see during the week on a work folder provided by CDC. I follow the format provided on this folder and find it very helpful. Additionally, I submit nasopharyngeal swabs on each patient with influenza-like illness that I see using the kits provided by MDCH until my kits are depleted. If I have sufficient patients to culture, I will submit nine cultures per year to the MDCH Laboratory in Lansing. The time commitment involved in being a sentinel physician is minimal, certainly not over ten minutes per week and usually less.

In order to provide optimal health care, it is essential that primary care physicians are aware of the infectious diseases present in their communities. I am very appreciative of the weekly feedback from both MDCH and CDC. I often distribute copies of this crucial information to the other providers in the practice as it guides treatment for influenza-like illnesses. For example, treating patients when Influenza B is in the community can be much more

costly than treating patients when only Influenza A is present. Also, the administration of antibiotics can be avoided when a practitioner is comfortable that the diagnosis is influenza rather than a bacterial infection. The surveillance influenza cultures that I receive on my patients on a regular basis throughout the flu season are also useful. The availability of these cultures has allowed us to determine the predominant circulating strain of influenza and, on several occasions, I have been able to document influenza in patients whose rapid influenza tests were negative. I appreciate receiving the *Morbidity and Mortality Weekly Report (MMWR)*, the *Emerging Infectious Disease Journal* and the other information provided from CDC and MDCH.

In summary, I have been very pleased and satisfied to serve as a sentinel physician for the past eight years. I plan to continue to be involved in this program and am sure that these sentinel physician activities have assisted us in giving optimal health care to our patients.

## Editor's Note

The Michigan Department of Community Health Division of Immunization would like to thank Dr. Bjork for his work as an Influenza Sentinel Physician and for his contribution to this newsletter.

For more information about the CDC Influenza Sentinel Provider Surveillance Network, contact Rachel Potter by phone at 517-335-9710 or by email at PotterR1@michigan.gov.

## Flu Advisory Board is formed

By Gary Kirk, MD, MPH, Director of the Division of Immunization

As reported in the July issue of *Michigan Immunization Update*, a meeting was held in March to address the influenza vaccine supply problems of the 2004-2005 flu season. The attendees were health-related professional and service organizations/providers from both the private and public sectors.

The Flu Advisory Board (FAB) was created out of this meeting. The FAB is an outgrowth of the Michigan Advisory Committee on Immunization (MACI) and, as such, reports its activities directly to MACI. MACI, in turn, is charged with advising the State on immunization-related policy issues. The FAB's agenda includes better communication during the flu season, equitable distribution of vaccine in the event of a shortage and greater coordination of the roles and activities necessary during the flu season.

With several meetings under its belt, the FAB has matured to three

subcommittees: Deployment (of Resources), Leadership, and Education/Communication. The latter subcommittee was created with the recognition that education of the public, employee organizations and healthcare organizations should be a year-round activity.

The FAB participated in the creation of an electronic bulletin board called the Influenza Vaccine Exchange Network (IVEN). IVEN was developed this fall to facilitate the exchange of flu vaccine between providers. It was released in October and is hosted on the Michigan TrainingFinder Real-time Affiliate Integrated Network (MI-TRAIN). More information about IVEN is included in the article below.

The FluBytes newsletter is also an outgrowth of FAB. FluBytes contains the latest information on surveillance, manufacturing, and distribution of flu vaccine, as well as any CDC key messages or recommendations. It also includes state public messages for local health departments and others to use in media communications.

FluBytes is being published weekly through the flu season. It is posted on the Michigan Department of Community Health website every Friday at [www.michigan.gov/flu](http://www.michigan.gov/flu). You can stay up to date by checking the FluBytes newsletter frequently.

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Past issues of FluBytes are available online, along with the current issue, at [www.michigan.gov/flu](http://www.michigan.gov/flu).

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Additional activities will be directly tied to the necessary education and communication around the flu that needs to occur each and every year as well as better pre-planning in the event of a flu vaccine shortage this year.

Once again, another flu season is shaping up to prove that the only predictable thing about flu season is its unpredictability. My fervent hope is that the creation of the FAB will allow us to bring more order and thoughtfulness to the unpredictability.

## Influenza Vaccine Exchange Network (IVEN) electronic bulletin board released in October

The Michigan Department of Community Health, the Flu Advisory Board, and the Office of Public Health Preparedness have created a centralized location on the Michigan TrainingFinder Real-time Affiliate Integrated Network (MI-TRAIN) where local health departments, health care providers, institutions, and other end-users can share their influenza vaccine inventory information to facilitate vaccine redistribution, should shortages occur.

The Influenza Vaccine Exchange Network (IVEN) discussion board can be used to post and search for surplus or needed vaccine inventory. The discussion board is only accessible to licensed health care professionals who submit their name, organization name and location, license number, and birth date to the discussion board administrator at the Michigan Department of Community Health.

To learn more about IVEN, visit the MI-TRAIN website at <https://mi.train.org> and log on (you must create a new account if you are not a current user). Once logged in, click on the "Resources" tab at the top of the homepage. Next, click on the MI Influenza Vaccine Exchange Network (IVEN) Resources on the left side of the Resources page. If you would like to apply for access to IVEN, click on "Apply to Participate in IVEN" and complete the application form.

## Influenza update

This flu season, as in past years, the one thing we can count on is constant change. Information is in a constant flux, and parts of the following article may be obsolete before you even receive this publication. For this reason, providers are encouraged to seek updated information about influenza frequently throughout the flu season (e.g., vaccine supply and recommendations). The CDC National Immunization Program influenza website is recommended ([www.cdc.gov/nip/flu](http://www.cdc.gov/nip/flu)), as well as the Michigan Department of Community Health influenza website ([www.michigan.gov/flu](http://www.michigan.gov/flu)).

### Influenza vaccine supply update

As of November, influenza vaccine manufacturers were expected to produce more than 80 million doses of influenza vaccine this year, and as of the end of October, more than 57 million doses had been distributed. However, at this time (mid-November), many providers still do not have any vaccine and others only have a portion of their order. Because a portion of the vaccine distribution has been delayed this year, healthcare professionals are encouraged to continue to vaccinate their patients into December if vaccine becomes available. Influenza peaks most often in January and February, so December offers opportunities for vaccination. For the latest information about the influenza vaccine supply, as well as links to weekly surveillance reports, press releases and educational materials, please visit CDC's influenza website at [www.cdc.gov/flu](http://www.cdc.gov/flu).

## Influenza vaccine injuries are added to federal compensation program

People thought to be injured by influenza vaccines will be eligible for compensation under National Vaccine Injury Compensation Program (VICP), effective July 1, 2005.

The VICP, created by Congress in 1986 as an alternative to traditional civil litigation, provides financial compensation to eligible individuals thought to be injured by covered childhood vaccines. Administered by the U.S. Department of Health and Human Services' Health Resources and Services Administration, the program allows compensation for past and future medical expenses, pain and suffering, and lost wages. In addition, compensation may also be awarded for attorneys' fees and costs.

Influenza is a serious disease affecting people of all ages. Each year in the United States, it causes 36,000 deaths mostly among those aged 65 years or older and more than 200,000 hospitalizations. Yearly influenza vaccination is recommended as the best way to reduce the chances of getting influenza for children aged 6-23 months, adults aged 65 years and older, and others.

Most people who receive the vaccine experience no serious problems. However, a vaccine, like any medicine, may rarely cause serious problems such as severe allergic reactions. In those rare cases, the VICP provides compensation to those found to be seriously injured. To be eligible for compensation, claims must be filed:

- within three years after the first symptoms of the vaccine injury;

- within two years of the vaccine-related death and not more than four years after the start of the first symptom of the vaccine-related injury from which the death occurred; or
- within two years from the date the vaccine is covered for injuries or deaths that occurred up to eight years before the date the vaccine is covered.

For influenza vaccines, claims not meeting the two deadlines above have to be filed by July 1, 2007, for injuries or deaths that occurred on or after July 1, 1997. The appropriate filing deadline is the one that provides the most time to file an injury or death claim.

To access the Federal Register notice announcing coverage of the influenza vaccine under the VICP, to learn how to file a claim, or to obtain more information on the program, visit [www.hrsa.gov/osp/vicp](http://www.hrsa.gov/osp/vicp), or call 1-800-338-2382.

### National Vaccine Injury Compensation Program (VICP)

[www.hrsa.gov/osp/vicp](http://www.hrsa.gov/osp/vicp)

# Protect your adult patients against all vaccine-preventable diseases

At this time of year, when health care providers are focused on influenza, it's also necessary to remember that tetanus, pneumococcal, measles, mumps, rubella and varicella, hepatitis A and B diseases are here year-round. So, as you give flu vaccinations, remember that this is your opportunity to protect your clients against all vaccine-preventable diseases. Consider this: the most frequent complication of influenza is pneumonia, most commonly secondary bacterial pneumonia. While it will not protect against all pneumonias, pneumococcal polysaccharide vaccine (PPV23) can help. It is recommended that all persons 65 and older or anyone within a risk group for complications from *Streptococcus pneumoniae*, have documentation of at least one dose of PPV23. Remember though: No more than 2 lifetime doses of PPV23, spaced at least 5 years apart are recommended.

In October, the Advisory Committee on Immunization Practices (ACIP) voted to recommend that adults from 19-64 years of age be vaccinated with a single dose of Tdap. The new vaccine helps protect against tetanus diphtheria and pertussis. Pertussis is an illness with a severe and prolonged cough in adults and often more serious complications in infants. Adult use of this vaccine can reduce the risk of pertussis transmission to infants.

ACIP recommended that adults receive a single dose of Tdap instead of Td, if it has been 10 or more years since they received a Td booster. Tdap may be given sooner to adults who will have close contact with infants less than 12 months of age.

These ACIP recommendations will be posted on the CDC National

Immunization Program website as soon as they are fully approved. ([www.cdc.gov/nip](http://www.cdc.gov/nip)). Additional information is included in the article about new vaccines on page 7.

Remember that a person needs to have had at least 3 doses of a tetanus-containing vaccine (Td, Tdap, DTaP, DTP, DT) before a single booster dose will provide adequate protection.

Adults need to be protected against varicella, measles, mumps, and rubella, too. These are not just childhood diseases and complications increase with age. Overall, varicella cases and subsequent complications including death have decreased significantly since the vaccine was licensed in 1995. While about 90 percent of adults are immune to varicella, the 10 percent without immunity are more prone to complications and mortality than children. Adults without evidence of immunity to varicella should be vaccinated. Evidence of immunity include any of the following: 1) documented age appropriate varicella vaccination, 2) U.S. born before 1966 or history of varicella disease before 1966 for non-U.S. born, 3) for persons born 1966-1997, history of disease based on provider diagnosis or parental/self reporting of typical varicella disease, 4) history of herpes zoster based on provider diagnosis, or 5) lab evidence of immunity.

In June 2005, the ACIP expanded recommendations for varicella vaccine to promote wider use of the vaccine for adolescents and adults, HIV-infected children, and a 2nd dose for outbreak control. Also, the ACIP approved a revised definition for evidence of immunity to varicella (see previous paragraph). These ACIP recommendations are under review by

the Director of CDC and the Department of Health and Human Services (HHS) and will be official when published in CDC's Morbidity and Mortality Weekly Report (MMWR). The provisional updated ACIP recommendations for varicella vaccine use are posted on the CDC website at [www.cdc.gov/nip](http://www.cdc.gov/nip).

Anyone born in 1957 or later should be assessed for documentation of a dose of MMR or lab reported immunity for all three diseases. Some persons, like college students, international travelers and healthcare workers should receive 2 doses of MMR. Persons born in 1956 and earlier are considered to have immunity due to increased levels of disease during their childhoods. However, persons at increased risk, like health care workers, may want to consider vaccination or lab testing for immunity.

Hepatitis A and B vaccines are available for anyone at increased risk for disease or wishing to reduce their risk. As with all adult vaccines, refer to the Recommended Adult Immunization Schedule for risk groups and recommendations for use.

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**The Recommended Adult Immunization Schedule for 2005-06 is posted on the CDC website:**

**[www.cdc.gov/nip](http://www.cdc.gov/nip)**

## DayOne Family Healthcare, P.C., receives Site of Excellence Award

Contributed by Julie Weisbrod, MA, Health Educator, Jackson County Health Department

DayOne Family Healthcare, P.C., (DOFH) of Battle Creek is this year's recipient of the Michigan Childhood Immunization Registry's (MCIR) Private Provider "Site of Excellence Award".

Each spring, the Region 2 Governance Board seeks private provider offices that may qualify for the "Site of Excellence Award". After careful review of all applicants, the selection subcommittee chooses one office that exceeds the reporting requirements and uses MCIR as a tool most effectively to increase the vaccine coverage level in the community. Though there were a number of qualified applicants deserving of the award, DOFH of Battle Creek was recognized as this year's "Site of Excellence Award" recipient at an onsite ceremony in July.

DOFH staff uses MCIR on a regular basis for daily batch reports reflecting the day's clients;

provider profiles; profiles by roster; the doses administered reports; the reminder and the recall systems; as well as the Vaccine Inventory Module. In addition, regardless of the child's age or the origin of the shot data, the staff inputs such immunization information into MCIR to ensure a complete database for all who utilize it. This practice also conducts regular meetings to ensure that staff is kept abreast of MCIR updates and of any changes in their immunization program.

At the time of nomination, the percent of up-to-date children at the DOFH, aged 19 to 35 months, was an impressive 86 percent (as reflected on the current immunization profile report by provider ID). This is the first office in Calhoun County to reach this high of a percentage rate! This private provider office is truly an immunization leader in Michigan.

To formally recognize this outstanding office, the Region 2 MCIR staff provided an onsite presentation, luncheon and reception, held in the DOFH staff's honor. In addition, a news release was distributed to the Calhoun County media.

Congratulations to DayOne Family Healthcare, P.C., of Battle Creek, for a job well done!



DayOne Family Healthcare staff are awarded with the MCIR Region 2 Site of Excellence Award for 2005

## Flu shots are critical for persons with diabetes

CDC recommends that adults and children with chronic medical conditions, such as diabetes, receive a flu shot every year. Yearly flu vaccination is also recommended for adults and children who are household contacts or caregivers of people with diabetes. When family members get a flu shot, it helps to keep them healthy and protects the person with diabetes from catching the flu.

Pneumococcal polysaccharide vaccine is recommended for anyone 2 years of age or older who has diabetes or another high-risk condition. While most people will only need one pneumococcal polysaccharide shot in their lifetime, this may not be the case for people with diabetes. A one-time revaccination is recommended for people with diabetes 65 years of age or older who were previously immunized when they were younger than 65, if the vaccine was administered more than five years ago. It is important to remember that a person should receive no more than two doses of the polysaccharide pneumococcal vaccine (PPV23) in his or her lifetime and the two doses must be spaced at least five years apart. Also, the new conjugated pneumococcal vaccine (PCV7) is recommended for all children who are 2-59 months of age.

Make flu and pneumococcal vaccination for people with diabetes – and their family and household contacts – a priority this flu season.

For more information, contact CDC at 1-877-CDC-Diab or [www.cdc.gov/flu](http://www.cdc.gov/flu).

A brochure called, "If you have diabetes, getting a flu shot is a family affair" is available at the MDCH Clearinghouse. This brochure is listed on the order form on page 13.

# New vaccines licensed

## Meningococcal conjugate vaccine (MCV4, brand name Menactra)

The FDA licensed MCV4 in January 2005 for use in 11-55 year olds. Refer to "A Quick Look at Using Meningococcal Vaccines" on page 12 for information on use of both Meningococcal Polysaccharide vaccine (MPSV4) and MCV4. Due to uncertainties regarding supply and financial resources, Michigan's current guidelines for use of MCV4 in the Vaccines for Children (VFC) program limit administration to targeted ages and at-risk groups as follows:

- Adolescents aged 11-12 years old
- Adolescents at high school entry
- College freshmen under 19 years old who live in dormitories
- Other children 11-18 years old with one or more of the following conditions/circumstances:
  - Damaged or removed spleen
  - HIV
  - Terminal complement component deficiency
  - Plans to travel/live in parts of the world where this disease is common, such as Africa
  - Possible exposure to meningitis (not serogroup B)
  - Military recruits
  - Lab personnel working with these organisms

[Note: Private providers cannot provide MCV4 to underinsured children. These patients should be referred to the local health department or a federally qualified or rural health center for vaccination.]

## FDA and CDC issue alert on Menactra meningococcal vaccine and Guillain-Barre Syndrome

The CDC and FDA are investigating cases of Guillain-Barre syndrome (GBS) among adolescents who have recently received tetravalent (A, C, Y, W135) meningococcal conjugate vaccine (Meningococcal Polysaccharide Diphtheria Toxoid Conjugate Vaccine, Menactra, sanofi pasteur [MCV4]). As of October 31, 2005, the Vaccine Adverse Event Reporting System (VAERS) received six reports of GBS in adolescents after receipt of MCV4 vaccination. All reported GBS cases occurred among persons aged 17-18 years who were vaccinated during June and July 2005 and had symptom onset 14-31 days after MCV4 vaccination. The timing and onset of neurological symptoms are reasons to gather further information.

The number of cases of GBS in adolescents who received MCV4 is not greater than would be expected in an unvaccinated adolescent population. An ongoing known risk for serious meningococcal disease exists. Therefore, CDC is recommending continuation of current vaccination strategies ([www.cdc.gov/mmwr/preview/mmwrhtml/rr5407a1.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5407a1.htm)).

CDC recently added a new fact sheet to its web section on Guillain-Barre Syndrome and Menactra meningococcal vaccine ([www.cdc.gov/nip](http://www.cdc.gov/nip)).

A Quick Look at Using the Meningococcal Vaccines is included on page 12

## Tdap – Boostrix and ADACEL brands are licensed by FDA

The FDA licensed two new vaccines that will provide additional protection against tetanus, diphtheria and pertussis. Boostrix is approved for ages 10-18 years and ADACEL is approved for ages 11-64 years. Since DTaP is licensed for use only in children up to 7 years of age, the Tdap vaccines will be significant in protecting against pertussis in adolescents and adults. This is the first time a pertussis vaccine for persons >7 years old has been licensed in the U.S.

Pertussis disease reporting shows new U.S. cases have risen sharply in recent years. There were 25,827 cases reported in the U.S. in 2004, an increase of more than 120 percent from 2003. Ten percent (2,622) of these cases were in children under 6 months of age, who were too young to have completed the 3-dose primary series of DTaP. Thirty-eight percent (9,802) were in adolescents. In Michigan, a total of 303 cases were reported in 2004, an increase of 116 percent from the 140 cases reported in 2003.

## Adolescent vaccination with Tdap

In June 2005, the Advisory Committee on Immunization Practices (ACIP) set provisional recommendations for Tdap's use in adolescents. These recommendations remain provisional until they are approved by CDC and the Department of Health and Human Services and published in the *Morbidity and Mortality Weekly Report (MMWR)*.

## A single dose of Tdap has been recommended as follows:

- Adolescents 11-12 years of age, if they have completed a primary DTaP series and have not yet received a Td booster

*Continued on page 8*



# New vaccines licensed

*Continued from page 7*

- Adolescents 13-18 years of age who completed a primary DTaP series and missed the 11-12 year dose of Td
- Adolescents 11-18 year olds already vaccinated with Td are encouraged to receive a dose of Tdap to further protect against pertussis, however, a 5 year interval is encouraged to reduce the chance of a local reaction

## ACIP recommends adult vaccination with Tdap

In October, the ACIP voted to recommend that adults from 19 to 64 years of age be vaccinated with Tdap. The new vaccine helps protect adults from pertussis, an illness with severe

and prolonged cough. It also reduces the risk of transmitting pertussis to infants.

ACIP voted to recommend that adults receive a single booster dose of Tdap vaccine against tetanus, diphtheria and pertussis if they have not received a tetanus and diphtheria (Td) booster dose in 10 or more years. Adults should receive a single dose of Tdap to replace a single dose of Td.

Tdap should also be given to adults who will have close contact with an infant less than 12 months of age, ideally at least one month before beginning close contact with infants.

Intervals shorter than 10 years since the last Td dose may be used to protect against pertussis.

Tdap use for tetanus prophylaxis in wound management has been added to the recommendations.

The new Tdap recommendations are posted on the National Immunization Program at [www.cdc.gov/nip](http://www.cdc.gov/nip).

For more information about pertussis disease, please visit [www.cdc.gov/nip/diseases/pertussis](http://www.cdc.gov/nip/diseases/pertussis).

## Red Book® Online Table

The American Academy of Pediatrics (AAP) now posts a frequently updated table showing the status of licensure and recommendations for new vaccines.

Visit the Red Book® Online Table <http://aapredbook.aappublications.org/news/vaccstatus.shtml>.

## Partnership for Prescription Assistance in Michigan

The Partnership for Prescription Assistance in Michigan (also known as the PPARxMI.org prescription assistance program) was launched in May. This program seeks to link low-income individuals to free or low cost prescription medications through one very easy website, [www.pparxmi.org](http://www.pparxmi.org), or telephone number, 888-4PPA-NOW.

The PPARxMI.org prescription assistance program brings together the pharmaceutical companies, drugstores, patient advocacy organizations and other groups that previously provided prescription assistance into one user-friendly entity. PPARxMI.org is a program that connects qualified, low-income people with discount prescription drugs, direct from the pharmaceutical manufacturer. Its

mission is to increase awareness of and enrollment in existing patient assistance programs for those who may be eligible. PPARxMI.org offers a single point of access to public and private patient assistance programs, including more than 150 programs offered by pharmaceutical companies.

Many people have difficulty affording health care, including prescription medicines. A number of patient assistance programs provide help to patients who lack prescription drug coverage and earn less than 200% of the federal poverty level (approximately \$19,000 for an individual or \$31,000 for a family of three). More than 27 million people in the United States make less than 200% of the federal poverty level and are uninsured.

Patients will be directed to the public or private programs most likely to meet their needs. PPARxMI.org helps low-income, uninsured patients:

- Enroll in more than 150 company patient assistance programs
- Access more than 1,200 medicines for free or at a low cost
- Learn how to contact government programs for which they may qualify, such as Medicaid, Medicare, or the State Children's Health Insurance Program (qualifications vary by programs)

Visit the PPARxMI.org website today at [www.PPARxMI.org](http://www.PPARxMI.org) to learn more about how this program can help your clients.



## ACIP expands recommendations for hepatitis A vaccination for children

CDC's Advisory Committee on Immunization Practices (ACIP) has recommended that all children in the United States receive hepatitis A vaccine. A universal recommendation for hepatitis A vaccination of children between 1–2 years of age will be integrated into the routine childhood vaccination schedule in 2006. The previous (1999) recommendation called for vaccinations in states with the highest rates of hepatitis A.

About two-thirds of cases are now reported from states in which hepatitis A vaccination of children was not recommended. The ACIP recommendation is for children to receive the first dose of a two dose series of hepatitis A vaccine between 1 and 2 years of age and that the vaccine be integrated into the routine childhood vaccination schedule.

Hepatitis A vaccine was first licensed in the United States in 1995. During the 1980s and 1990s, an average of 26,000 cases of hepatitis A was reported annually. The actual number of infections per year was estimated to be around 270,000 because there are many infections without symptoms and some people with symptoms do not see their physician for diagnosis. Following the introduction of selective hepatitis A vaccination, the number of hepatitis A cases has fallen dramatically. During 2004, there were a total of 5,683 cases nationwide, the lowest number of cases ever reported.

In 1999, the ACIP recommended routine hepatitis A vaccination for children living in 11 states with the highest rates of hepatitis A. During the period before vaccine was available, the average incidence of hepatitis A in

these states (Alaska, Arizona, California, Idaho, Nevada, New Mexico, Oklahoma, Oregon, South Dakota, Utah, and Washington) had been at least 20 cases per 100,000 people, about twice the national average. In 1999, the ACIP also recommended that vaccination be considered in an additional six states (Arkansas, Colorado, Missouri, Montana, Texas, and Wyoming) where the average incidence had been at least 10 but less than 20 cases per 100,000 people. During the period before vaccine was available, each year about two-thirds of all hepatitis A cases nationwide were reported in these 17 states.

Earlier this year, the FDA reduced the licensed minimum age for administration of the two Hepatitis A vaccines used in children, Havrix and Vaqta, from 24 months to 12 months.

To view a press release on the new recommendation, please visit [www.cdc.gov/od/oc/media/pressrel/r051028.htm](http://www.cdc.gov/od/oc/media/pressrel/r051028.htm).

The MDCH Division of Immunization will issue instructions on the use of hepatitis A vaccine in the Vaccines for Children (VFC) program after guidance is received from CDC. Although ACIP passed a revised resolution on hepatitis A, new VFC contracts between CDC and vaccine manufacturers must be re-negotiated before the new routine recommendations can be implemented. Until that time, Michigan's current guidance for administration of VFC-funded hepatitis A vaccine remains in effect, i.e., the vaccine may only be administered by local health departments, Federally Qualified

Health Centers, Rural Health Centers, and Migrant Health Centers to children who meet certain high-risk criteria. However, these providers may administer the vaccine to high-risk VFC-eligible children as young as 12 months of age. The 2006 Childhood Immunization Schedule will include revisions to Hepatitis A vaccine administration.

### CDC publishes new edition of travel book

The 2005-2006 edition of CDC's *Health Information for International Travel* (i.e., the Yellow Book) is now available. This edition, which has been completely revised, updated, and reorganized, now includes references listed at the end of each section.

Sections of the book have been expanded substantially, including those covering immunosuppressed travelers, disabled travelers, cruise-ship travel, and children who travel. New sections have been added on air travel, norovirus infection, SARS, and legionellosis. Copies can be ordered through the CDC Travelers' Health website at [www.cdc.gov/travel](http://www.cdc.gov/travel).

## Annual regional immunization conferences draw 1,400 participants

More than 1,400 health care professionals attended the seven Michigan Regional Immunization Conferences held during October and November. The conferences were held in Detroit, Gaylord, Marquette, East Lansing, Kalamazoo, Troy, and Ypsilanti.

Presentations included a vaccine update for adults and a separate vaccine update for children and adolescents. Another session, called Practice Makes Perfect, looked at the practical application of strategies used to improved immunization rates in medical practices. During this presentation, a local practice was given an award and recognized for their excellent work at each conference. A few staff members from the practice participated in a question and answer panel discussion so that they could talk about the specific techniques that led to

their success. The panel also consisted of persons from both state and local health departments, representing the following programs: Assessment Feedback Incentives Exchange (AFIX), Immunization Nurse Education, Vaccines for Children, and the Michigan Childhood Immunization Registry (MCIR).

The Counseling Families presentation highlighted several approaches for risk communication with parents. The presenter offered strategies that health care providers can use to successfully respond to parents' concerns about vaccine safety. Conference attendees learned that giving parents solid data isn't enough. It is also critical to use empathic and effective risk communication techniques when discussing vaccines with concerned parents.

The conference concluded with a 1-hour troubleshooting session where a panel of immunization experts answered audience questions on a variety of immunization issues.

Each conference featured one of the following physician speakers:

- William Atkinson, M.D., M.P.H. (CDC National Immunization Program)
- Sharon Humiston, M.D., M.P.H. (University of Rochester)
- David Luoma, M.D. (Marquette General Health System)

There were also a number of speakers from the Michigan Department of Community Health and several local health departments, as well as some community providers.

### Seven conferences to be held again in Fall 2006

Planning for the 2006 regional immunization conferences is underway. The locations and dates for next fall's conferences have not yet been finalized. As soon as the Michigan Department of Community Health (MDCH) has approved the conferences, the dates and locations will be posted on the MDCH website at [www.michigan.gov/immunize](http://www.michigan.gov/immunize). (It is likely that the conferences will be approved by the end of January.)

Conference brochures will be distributed in early July. In an effort to reduce expenses, email distribution of the conference information is preferred. If you would like a copy of the conference brochure, send an e-mail message to [FranklinR@michigan.gov](mailto:FranklinR@michigan.gov). Enter the word SUBSCRIBE in the SUBJECT field. You will be added to the list. A registration form and other conference information will be sent to you via email. Registrations will not be accepted before the conference brochures are distributed in early July.

For those who have not yet made the switch to the electronic version of the newsletter, hard copies of the conference brochure will be available for the 2006 conferences. The conference brochures will be mailed in early July to all recipients of the Michigan Immunization Update newsletter. If you have not received a brochure by the middle of July, call the Division of Immunization at 517-335-8159 to request a brochure.



*The Family Health Center of Kalamazoo was recognized for their excellent work at the Kalamazoo conference on November 1. Lucinda Stinson, Avor Alexander, Linda Poveda, R.N., and Rockelle Rogers, M.D., accepted the award. They also participated in a question and answer panel discussion.*

## Number of reported cases of vaccine preventable diseases, Michigan, 2005

(Year-to-date as of October 31)

Disease	Total cases, year-to-date
Chickenpox (varicella)	3,069
Diphtheria	0
<i>H. influenzae</i> disease (all ages, all serotypes)	20
Hepatitis B	153
Measles	1
Mumps	20
Pertussis	259
Polio	0
Rubella	0
Tetanus	1

## 2006 AIM Kits

The 2006 AIM Kits will be available in March. The MDCH Clearinghouse will begin accepting preorders for the 2006 AIM Kits on January 2. The orders will be filled as soon as the new kits are available.

### How to order

You can order an AIM Kit online at [www.hpclearinghouse.org](http://www.hpclearinghouse.org), by faxing a copy of the order form on pages 13-14, or by calling our toll-free number at 1-888-76-SHOTS.

MDCH is an Equal  
Opportunity Employer,  
Services and Programs  
Provider

### The following free programs are available upon request

Physician Update – contact  
Tammy Sullivan at 517-432-8204

Immunization record  
assessment – contact  
Stephanie Sanchez at 517-335-9011

Office Staff Update – contact  
Carlene Lockwood at 517-335-9070

Hepatitis A-E – contact Pat  
Fineis at 800-964-4487 or  
517-335-9443

## Responding to questions about vaccine safety

Parents sometimes come up with tough questions about vaccine safety issues, and health care providers need to be ready to respond, with empathic, effective communication techniques, as well as accurate, updated information. Are you using reliable information sources?

### The following Internet websites are recommended:

- Centers for Disease Control and Prevention's (CDC)  
National Immunization Program  
[www.cdc.gov/nip](http://www.cdc.gov/nip)
- Immunization Action Coalition  
[www.immunize.org](http://www.immunize.org)
- The Allied Vaccine Group  
[www.vaccine.org](http://www.vaccine.org)
- Vaccine Education Center  
[www.vaccine.chop.edu](http://www.vaccine.chop.edu)
- National Network for Immunization Information  
[www.immunizationinfo.org](http://www.immunizationinfo.org)

### For more information

The purpose of the *Talking to Families Section* of the AIM Kit is to assist you in communicating with families about vaccine safety. You may use the order form on page 13 to preorder your 2006 AIM Kit.

A handout on *Evaluating Vaccine Information on the Web* is included on page 15. This handout is designed to assist you and your patients in the task of determining the credibility of a particular website.

# A Quick Look at Using the Meningococcal Vaccines.....

## Meningococcal Conjugate Vaccine (MCV4)

## Meningococcal Polysaccharide Vaccine (MPSV4)

Meningococcal Vaccines	MCV4 (conjugate)	MPSV4 (polysaccharide)
Brand Name	Menactra™	Menomune®
Serotypes included	A, C, Y, W-135 (no serogroup B)	A, C, Y, W-135 (no serogroup B)
Age for Use	11-55 years	2 yrs and older
Schedule	One dose (no revaccination)	One dose ( <b>may</b> need revaccination 3-5 yr
Route of Administration	<b>IM</b> (Intramuscular)	SC (Subcutaneous)

### Who Should Get Meningococcal Vaccines?

- Children 11-12 years old at preadolescent visit (6<sup>th</sup> grade)
- Adolescents entering high school (about age 15 yrs)
- College freshman, living in dormitories
- Any adolescent desiring to reduce their risk of disease
- Persons with a damaged or removed spleen
- Persons with HIV
- Persons with terminal complement component deficiency
- Persons traveling to, or living in, a part of the world where meningococcal disease is common, such as parts of Africa
- Persons who might have been exposed to meningitis during an outbreak (except serogroup B outbreaks--not in the vaccine)
- Military recruits Lab personnel working with these organisms

### Vaccine For Children (VFC) Program

- **MCV4** can be administered to Medicaid eligible, uninsured, Native American, and Alaskan Native children 11-18 years of age through the VFC program in private providers' offices.
- Under-insured children 11-18 years of age can receive **MCV4** at their local health department (LHD), federally qualified health center, or at a rural health clinic.
- Contact your LHD for information on recommended age groups and vaccine availability.

### Points to Consider

- **MCV4:**
  - Preferred vaccine for persons 11-55 years of age
  - Expected to give better, longer-lasting protection
- **MPSV4:**
  - Should NOT be routinely administered to adolescents
  - Should be used for children 2-10 yrs old and adults over 55 yrs
  - May be used for persons 11-55 yrs if **MCV4** is not available
- Revaccination:
  - No current recommendation for revaccination after one dose of **MCV4**
  - For persons who remain at high risk for disease 3-5 years after 1<sup>st</sup> dose of MPSV4, a single revaccination dose may be given (Use **MCV4**, if available and person is 11-55 yrs)
- Vaccine Information Statement (VIS) “Meningococcal Vaccines”
  - Same VIS used for **MCV4** and **MPSV4**

### Administration Tips/ Storage and Handling

- **MCV4:**
  - Given intramuscular—**IM** only
  - Causes a local reaction like Td- give Td and **MCV4** in different sites
  - Comes in a single dose vial, ready to draw into a syringe
- **MPSV4:**
  - Given subcutaneous—SC only
  - Must be reconstituted- use the diluent provided by the manufacturer
  - Administer all of the reconstituted vaccine
- **MCV4** or **MPSV4** can be given simultaneously with other vaccines
- **MCV4** and **MPSV4** are stored in refrigerator at 35°-46° F (2°-8° C)

### Documentation

- Document by type of vaccine (**MCV4** or **MPSV4**) on the:
  - Vaccine administration record in the patient’s chart
  - Green (child) or yellow (adult) vaccine record card
- Document in MCIR:
  - **MCV4** as “meningococcal conjugate” (CPT 90734)
  - **MPSV4** as “meningococcal polysaccharide” (CPT 90733)

Prevention and Control of Meningococcal Disease, Recommendations of the ACIP, CDC MMWR May 27, 2005 [www.cdc.gov/nip](http://www.cdc.gov/nip)

## Free immunization brochures and materials order form

Order these materials online at <http://www.hpclearinghouse.org>

If you prefer, you may fax this order form to (517) 699-2376. For information about orders that have already been placed, call the MDCH Clearinghouse toll-free at (888) 76-SHOTS. Any other questions should be directed to Rosemary Franklin at (517) 335-9485 or [franklinr@michigan.gov](mailto:franklinr@michigan.gov).

**Please enter quantity for each requested item.** (Orders for brochures are usually limited to 500, unless otherwise stated. Limits on orders may be temporarily decreased if inventory is low.)

Quantity needed	Item requested
(Limit 1 per office)	<b>2006 Alliance for Immunization in Michigan (AIM) Provider Tool Kit</b>  The clearinghouse will begin accepting preorders for the 2006 AIM Kits on January 2. The kits will be available sometime in March and the orders will be filled at that time.
	This packet contains up-to-date information for health care professionals who administer vaccines to their patients, including updated immunization schedules for children and adults, information about contraindications, administration, documentation, and storage and handling of vaccines. The AIM Provider Tool Kit is updated annually.
(Limit 1,000 cards per office)	<b>Adult Immunization Record Card</b>
(Limit 50 cards per office)	<b>Influenza Vaccination Pocket Guide –</b> (the pocket guides are for health care providers ONLY)
(Limit 50 cards per office)	<b>Pneumococcal Polysaccharide (PPV23) Vaccination Pocket Guide –</b> (for health care providers)
Quantity needed	Brochures
	<b>Keep Your Family Safe from the Flu</b>
	<b>If you have diabetes, getting a flu shot is a family affair</b>
	<b>Immunize Your Little Michigander</b>
	<b>Shots for your child (about the Vaccines for Children program)</b>
	<b>Are you 11-19 years old? Then you need to be protected...</b>

Quantity needed	Brochures
	Vaccine Safety – What parents need to know
	Adult Immunizations – Are you protected?
	Hepatitis B: What Parents Need to Know (With special information for pregnant women)
	The Dangers of Hepatitis B: What they are, How to avoid them
	Hepatitis, What you need to know (ABCs)
	Antibiotics: What You Should Know
	What is West Nile Virus?

**Fax this form to the MDCH Clearinghouse at (517) 699-2376**

**Name:** \_\_\_\_\_

**Type of clinic/practice:**      ☐ Pediatric   ☐ Family Practice   ☐ Adult/Internal Med   ☐ OB/GYN   ☐ Specialty

**Email address\*:** \_\_\_\_\_

**Street address\*\*:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** MI\*\*   **Zip code:** \_\_\_\_\_

**Phone no.:** \_\_\_\_\_ (include area code)

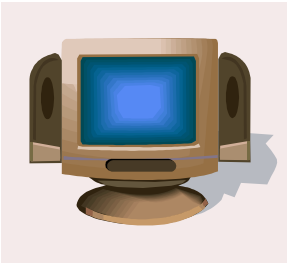
\* Complete email address to receive immunization information updates.

\*\* Reminder: We cannot ship to P.O. boxes.

\*\* Materials are available to Michigan residents only.

For more information or special requests, contact Rosemary Franklin at (517) 335-9485 or [franklinr@michigan.gov](mailto:franklinr@michigan.gov)

Revised November 22, 2005



# Evaluating Vaccine Information on the Web

Many websites offer accurate immunization information. Other websites contain misinformation. Below are some tips to help you find your way through all of the information available and determine its accuracy. Health information found on the web should supplement rather than replace the information or advice given by your doctor. **Always discuss with your doctor or health professional the information that you find on the web.**

## ***How do I know if the vaccine information I find on the Internet is accurate?***

- Consider the **source** of information.
- A good health website will display who is responsible for the site. Also, there will be a way to contact the information provider or webmaster.
- Do scientific experts review the medical information before it is posted on the website? What are their credentials?
- Does the information display the date of last revision, and is it kept up to date?
- What is the scientific evidence for claims made? The original source of facts and figures should be shown. For example, the website should provide citations of medical articles or other sources of information. You should be able to distinguish facts from opinions. Also, facts are more reliable if they come from a published scientific study on humans rather than from unpublished accounts or from reports of a single person or of animal studies.
- Consider the **purpose** of the website. The purpose should be to provide accurate and unbiased information about that topic. If the purpose is to advertise about a health care product, be skeptical about the information provided.

## ***Two websites for vaccine information:***

### [www.vaccineinformation.org](http://www.vaccineinformation.org)

At [www.vaccineinformation.org](http://www.vaccineinformation.org) you will find a website from the Immunization Action Coalition. This site presents information about vaccine-preventable diseases and vaccines. Photos, video clips, case histories, journal articles, and resources for parents are available at this site.

### [www.vaccine.org](http://www.vaccine.org)

The Allied Vaccine Group is comprised of websites dedicated to presenting valid scientific information about the sometimes-confusing subject of vaccines.



## Ninth edition of the Pink Book will be available in February



**Adapted from the Immunization Action Coalition's online newsletter, the IAC Express (Issue 564, November 14, 2005)**

The ninth edition of the Pink Book (officially titled Epidemiology and Prevention of Vaccine-Preventable Diseases) will be available February 2006. The price is \$25 for prepublication orders received by January 8, 2006. After January 8, the price increases to \$29.

The Pink Book provides physicians, nurses, pharmacists, and other public health and healthcare professionals with comprehensive vaccine

information and recommendations, including the following:

- General recommendations on immunizations including timing and spacing of vaccines
- Screening for contraindications and precautions such as pregnancy and HIV infection
- Specific strategies to achieve high vaccine coverage
- Vaccine safety information

Information on the following is included in the ninth edition:

- Pertussis
- Meningococcal
- Hepatitis A
- Measles, mumps, rubella, and varicella

For additional information about the Pink Book and to order the ninth edition online, go to: <http://bookstore.phf.org/prod463.htm>. You can also order by calling (877) 252-1200.